

PLAINTIFF Dougie Lester	COURT CASE NUMBER 5:17-cv-00740
DEFENDANT Pay Car Mining, Inc., Bluestone Coal Corp., Bluestone Industries, Inc., Keystone Service Indust ⁺	TYPE OF PROCESS Personal service or certified mail
SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Hussell, Esq. (attorney for Defendants; authorized to accept service of process)	
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 300 Summers Street, Suite 1230 P.O. Box 3971 Charleston, WV 25339	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Samuel B. Petsonk, Esq. Mountain State Justice, Inc. 223 Prince Street Beckley, WV 25801	Number of process to be served with this Form 285 5 Number of parties to be served in this case 5 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

John Hussell contact information --- Office: (304) 345-9455; Fax: (304) 345-4607 john.hussell@wwdhe.com

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (681) 207-7510	DATE 4/24/2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
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Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy
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Service Fee _____	Total Mileage Charges (including endeavors) _____	Forwarding Fee _____	Total Charges _____	Advance Deposits _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____
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REMARKS